

November 5, 2003

Marlene Dortch
Secretary
Federal Communications Commission
445 12th St., S.W.
Washington, D.C. 20554

Re: Ex Parte Presentation in WC Docket 02-60

Dear Madam Secretary:

I am writing to inform you of ex parte presentations made to Commissioners Abernathy and Adelstein in the permit-but-disclose proceeding, See § 1.1206 of the Commission's Rules, WC Docket 02-60, *In the matter of Rural Health Care Support Mechanism*, Notice of Proposed Rule Making, FCC No. 02-122, released April 19, 2002.

Barbara Fine of the Indian Health Service and I met with Commissioner Abernathy and her senior legal advisor on Monday, Nov. 3, 2003 and with Commissioner Adelstein and his senior legal advisor on Tuesday, Nov. 4, 2003 to discuss telemedicine in rural areas. The attached memo summarizes the substance of our conversation. I have also attached materials that were left with the Commission's staff during the course of our conversation.

If there is any additional information needed, please contact my office and we will provide it promptly.

Sincerely,

/s/

Anne E. Linton, Partner

Enclosures

Cc: Commissioner Abernathy
Commissioner Adelstein
Barbara Fine, IHS

MEMORANDUM

To: Marlene Dortch, Secretary, Federal Communications Commission

From: Anne Linton, Partner, Washington Federal Strategies

Re: Ex Parte Presentations in WC Docket 02-60 on November 3 and 4, 2003

Date: Nov. 5, 2003

As required under Part 1 of the FCC's Rules, I am filing this memorandum summarizing the oral presentation that was made to Commissioners Abernathy and Adelstein office in WC Docket 02-60 on November 3 and 4, 2003, respectively. I am attaching to this memo the written materials shared with each Commissioner.

My client Healthcare Anywhere requested this meeting to present additional information for the Commission's record regarding innovative ways to deliver health care services to underserved people in remote areas such as Native Americans in the Aberdeen Area, and elsewhere. We were joined by Barbara Fine of the Indian Health Service. The Indian Health Service is a partner in a current mobile telemedicine project designed to provide women's health care services to Native American women in the Aberdeen area.

The meeting started with a description of a specific mobile digital tele mammography project that Healthcare Anywhere is developing – in conjunction with the Indian Health Service – to deliver high quality, real-time digital mammography services to four Indian tribes in rural North Dakota. Some of the tribes receive health care from the Indian Health Service, a subdivision of the Department of Health and Human Services, but some of the tribes are independent and responsible for their own healthcare delivery. This project will work with both types of tribes. We used this specific project to enter into a discussion of the need for the rural health support mechanism to address functional equivalence between cities and rural areas rather than a service-by-service comparison. Healthcare Anywhere strongly believes that a functional equivalence approach will be essential to addressing the need to expand the reach of telecommunications services to these underserved areas, and further that functional equivalence is essential to furthering innovation in the ways that we deliver health care to rural areas.

We discussed some other innovative projects that telemedicine has enabled, from insular areas in the US to innovation in post-operative care in Australia, as a way of

discussing what really can be done when telecommunications services are made available.

Finally, we discussed the fact that the lack of a broad range of telecommunications options has caused the health care field to perceive that real innovation in the delivery of care is not possible because the telecommunications services necessary are unavailable. Healthcare Anywhere urged the Commission to take action in such a way that health care service delivery in underserved rural areas, especially on Indian reservations, be enhanced, and innovation encouraged. We believe this will drive demand for telecom services and provide essential health care to these underserved people.